

**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

BALDEV DAVID SINGH, M.D.)

File No. 08-2002-133010

Physician's and Surgeon's)
Certificate No. C 40540)

Respondent.)
_____)

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 10, 2005.

IT IS SO ORDERED December 9, 2004.

MEDICAL BOARD OF CALIFORNIA

By: _____

Ronald L. Moy, M.D., Chair

Panel B

Division of Medical Quality

1 BILL LOCKYER, Attorney General
of the State of California
2 GAIL M. HEPPELL,
Supervising Deputy Attorney General
3 STEPHEN M. BOREMAN, State Bar No. 161498
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9
10 **BEFORE THE**
11 **DIVISION OF MEDICAL QUALITY**
12 **MEDICAL BOARD OF CALIFORNIA**
13 **DEPARTMENT OF CONSUMER AFFAIRS**
14 **STATE OF CALIFORNIA**

15 In the Matter of the Accusation Against:

16 BALDEV DAVID SINGH, M.D.
5771 North Fresno Street, #101
17 Fresno, CA 93710

18 Physician and Surgeon's Certificate No. C 40540

19 Respondent.

Case No. 08-2002-133010

OAH No.

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
21 above-entitled proceedings that the following matters are true:

PARTIES

22 1. Ron Joseph (Complainant) is the Executive Director of the Medical Board
23 of California. He brought this action solely in his official capacity and is represented in this
24 matter by Bill Lockyer, Attorney General of the State of California, by Stephen M. Boreman,
25 Deputy Attorney General.

26 2. Respondent Baldev David Singh, M.D. (Respondent) is represented in this
27 proceeding by attorney Scott R. Shewan, whose address is BORN, PAPE & SHEWAN, LLP, 642
28 Pollasky Avenue, Suite 200, Clovis, CA 93612.

3. On July 2, 1982, the Medical Board of California issued Physician and Surgeon's Certificate No. C 40540 to Baldev David Singh, M.D. (Respondent). The Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 08-2002-133010 and will expire on September 30, 2005, unless renewed.

JURISDICTION

4. First Amended Accusation No. 08-2002-133010 was filed before the Division of Medical Quality (Division) for the Medical Board of California, Department of Consumer Affairs, and is currently pending against Respondent. The accusation and all other statutorily required documents were properly served on Respondent on May 5, 2004. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 08-2002-133010 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 08-2002-133010. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent admits the truth of the charges and allegations in First Amended Accusation No. 08-2002-133010.

1 9. Respondent agrees that his Physician and Surgeon's Certificate is subject
2 to discipline and he agrees to be bound by the Division's imposition of discipline as set forth in
3 the Disciplinary Order below.

4 CIRCUMSTANCES IN MITIGATION

5 10. Respondent Baldev David Singh, M.D. has fully cooperated in this matter.
6 He is admitting responsibility at an early stage in the proceedings.

7 CONTINGENCY

8 11. This stipulation shall be subject to approval by the Division of Medical
9 Quality. Respondent understands and agrees that counsel for Complainant and the staff of the
10 Medical Board of California may communicate directly with the Division regarding this
11 stipulation and settlement, without notice to or participation by Respondent or his counsel. By
12 signing the stipulation, Respondent understands and agrees that he may not withdraw his
13 agreement or seek to rescind the stipulation prior to the time the Division considers and acts upon
14 it. If the Division fails to adopt this stipulation as its Decision and Order, the Stipulated
15 Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall
16 be inadmissible in any legal action between the parties, and the Division shall not be disqualified
17 from further action by having considered this matter.

18 12. The parties understand and agree that facsimile copies of this Stipulated
19 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same
20 force and effect as the originals.

21 13. In consideration of the foregoing admissions and stipulations, the parties
22 agree that the Division may, without further notice or formal proceeding, issue and enter the
23 following Disciplinary Order:

24 DISCIPLINARY ORDER

25
26 IT IS HEREBY ORDERED that Physician and Surgeon's Certificate No. C 40540
27 issued to Respondent Baldev David Singh, M.D. is revoked. However, the revocation is stayed
28 and Respondent is placed on probation for five (5) years on the following terms and conditions.

1 1. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of
2 the effective date of this decision, respondent shall enroll in a course in medical record keeping,
3 at respondent's expense, approved in advance by the Division or its designee. Failure to
4 successfully complete the course during the first 6 months of probation is a violation of
5 probation.

6 A medical record keeping course taken after the acts that gave rise to the charges
7 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
8 Division or its designee, be accepted towards the fulfillment of this condition if the course would
9 have been approved by the Division or its designee had the course been taken after the effective
10 date of this Decision.

11 Respondent shall submit a certification of successful completion to the Division
12 or its designee not later than 15 calendar days after successfully completing the course, or not
13 later than 15 calendar days after the effective date of the Decision, whichever is later.

14 2. ETHICS COURSE Within 60 calendar days of the effective date of this
15 Decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in
16 advance by the Division or its designee. Failure to successfully complete the course during the
17 first year of probation is a violation of probation.

18 An ethics course taken after the acts that gave rise to the charges in the
19 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
20 Division or its designee, be accepted towards the fulfillment of this condition if the course would
21 have been approved by the Division or its designee had the course been taken after the effective
22 date of this Decision.

23 Respondent shall submit a certification of successful completion to the Division
24 or its designee not later than 15 calendar days after successfully completing the course, or not
25 later than 15 calendar days after the effective date of the Decision, whichever is later.

26 3. CLINICAL TRAINING PROGRAM Within 60 calendar days of the
27 effective date of this Decision, respondent shall enroll in a clinical training or educational
28 program equivalent to the Physician Assessment and Clinical Education Program (PACE)

1 offered at the University of California - San Diego School of Medicine ("Program").

2 The Program shall consist of a Comprehensive Assessment program comprised of
3 a two-day assessment of respondent's physical and mental health; basic clinical and
4 communication skills common to all clinicians; and medical knowledge, skill and judgment
5 pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of
6 clinical education in the area of practice in which respondent was alleged to be deficient and
7 which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any
8 other information that the Division or its designee deems relevant. Respondent shall pay all
9 expenses associated with the clinical training program.

10 Based on respondent's performance and test results in the assessment and clinical
11 education, the Program will advise the Division or its designee of its recommendation(s) for the
12 scope and length of any additional educational or clinical training, treatment for any medical
13 condition, treatment for any psychological condition, or anything else affecting respondent's
14 practice of medicine. Respondent shall comply with Program recommendations.

15 At the completion of any additional educational or clinical training, respondent
16 shall submit to and pass an examination. The Program's determination whether or not
17 respondent passed the examination or successfully completed the Program shall be binding.

18 Respondent shall complete the Program not later than six months after
19 respondent's initial enrollment unless the Division or its designee agrees in writing to a later time
20 for completion.

21 Failure to participate in and complete successfully all phases of the clinical
22 training program outlined above is a violation of probation.

23 If respondent fails to complete the clinical training program within the designated
24 time period, respondent shall cease the practice of medicine within 72 hours after being notified
25 by the Division or its designee that respondent failed to complete the clinical training program.

26 4. MONITORING - PRACTICE Within 30 calendar days of the effective
27 date of this Decision, respondent shall submit to the Division or its designee for prior approval as
28 a practice monitor, the name and qualifications of one or more licensed physicians and surgeons

1 whose licenses are valid and in good standing, and who are preferably American Board of
2 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
3 personal relationship with respondent, or other relationship that could reasonably be expected to
4 compromise the ability of the monitor to render fair and unbiased reports to the Division,
5 including, but not limited to, any form of bartering, shall be in respondent's field of practice, and
6 must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

7 The Division or its designee shall provide the approved monitor with copies of the
8 Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of
9 receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit
10 a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands
11 the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor
12 disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan
13 with the signed statement.

14 Within 60 calendar days of the effective date of this Decision, and continuing for
15 the first three (3) years of probation, respondent's practice shall be monitored by the approved
16 monitor. Respondent shall make all records available for immediate inspection and copying on
17 the premises by the monitor at all times during business hours, and shall retain the records for the
18 entire term of probation.

19 The monitor(s) shall submit a quarterly written report to the Division or its
20 designee which includes an evaluation of respondent's performance, indicating whether
21 respondent's practices are within the standards of practice of medicine or billing, or both, and
22 whether respondent is practicing medicine safely, billing appropriately or both.

23 It shall be the sole responsibility of respondent to ensure that the monitor submits
24 the quarterly written reports to the Division or its designee within 10 calendar days after the end
25 of the preceding quarter.

26 If the monitor resigns or is no longer available, respondent shall, within 5 calendar
27 days of such resignation or unavailability, submit to the Division or its designee, for prior
28 approval, the name and qualifications of a replacement monitor who will be assuming that

1 responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement
2 monitor within 60 days of the resignation or unavailability of the monitor, respondent shall be
3 suspended from the practice of medicine until a replacement monitor is approved and prepared to
4 assume immediate monitoring responsibility. Respondent shall cease the practice of medicine
5 within 3 calendar days after being so notified by the Division or designee.

6 Failure to maintain all records, or to make all appropriate records available for
7 immediate inspection and copying on the premises, or to comply with this condition as outlined
8 above is a violation of probation.

9 5. NOTIFICATION Prior to engaging in the practice of medicine, the
10 respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or
11 the Chief Executive Officer at every hospital where privileges or membership are extended to
12 respondent, at any other facility where respondent engages in the practice of medicine, including
13 all physician and locum tenens registries or other similar agencies, and to the Chief Executive
14 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.
15 Respondent shall submit proof of compliance to the Division or its designee within 15 calendar
16 days.

17 This condition shall apply to any change(s) in hospitals, other facilities or
18 insurance carrier.

19 6. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,
20 respondent is prohibited from supervising physician assistants.

21 7. OBEY ALL LAWS Respondent shall obey all federal, state and local
22 laws, all rules governing the practice of medicine in California, and remain in full compliance
23 with any court ordered criminal probation, payments and other orders.

24 8. QUARTERLY DECLARATIONS Respondent shall submit quarterly
25 declarations under penalty of perjury on forms provided by the Division, stating whether there
26 has been compliance with all the conditions of probation. Respondent shall submit quarterly
27 declarations not later than 10 calendar days after the end of the preceding quarter.

28 9. PROBATION UNIT COMPLIANCE Respondent shall comply with the

1 Division's probation unit. Respondent shall, at all times, keep the Division informed of
2 respondent's business and residence addresses. Changes of such addresses shall be immediately
3 communicated in writing to the Division or its designee. Under no circumstances shall a post
4 office box serve as an address of record, except as allowed by Business and Professions Code
5 section 2021(b).

6 Respondent shall not engage in the practice of medicine in respondent's place of
7 residence. Respondent shall maintain a current and renewed California physician's and
8 surgeon's license.

9 Respondent shall immediately inform the Division, or its designee, in writing, of
10 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,
11 more than 30 calendar days.

12 10. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent
13 shall be available in person for interviews either at respondent's place of business or at the
14 probation unit office, with the Division or its designee, upon request at various intervals, and
15 either with or without prior notice throughout the term of probation.

16 11. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent
17 should leave the State of California to reside or to practice, respondent shall notify the Division
18 or its designee in writing 30 calendar days prior to the dates of departure and return. Non-
19 practice is defined as any period of time exceeding 30 calendar days in which respondent is not
20 engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions
21 Code.

22 All time spent in an intensive training program outside the State of California
23 which has been approved by the Division or its designee shall be considered as time spent in the
24 practice of medicine within the State. A Board-ordered suspension of practice shall not be
25 considered as a period of non-practice. Periods of temporary or permanent residence or practice
26 outside California will not apply to the reduction of the probationary term. Periods of temporary
27 or permanent residence or practice outside California will relieve respondent of the responsibility
28 to comply with the probationary terms and conditions with the exception of this condition and

1 the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance;
2 and Cost Recovery.

3 Respondent's license shall be automatically canceled if respondent's periods of
4 temporary or permanent residence or practice outside California total two years. However,
5 respondent's license shall not be canceled as long as respondent is residing and practicing
6 medicine in another state of the United States and is on active probation with the medical
7 licensing authority of that state, in which case the two year period shall begin on the date
8 probation is completed or terminated in that state.

9 12. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

10 In the event respondent resides in the State of California and for any reason
11 respondent stops practicing medicine in California, respondent shall notify the Division or its
12 designee in writing within 30 calendar days prior to the dates of non-practice and return to
13 practice. Any period of non-practice within California, as defined in this condition, will not
14 apply to the reduction of the probationary term and does not relieve respondent of the
15 responsibility to comply with the terms and conditions of probation. Non-practice is defined as
16 any period of time exceeding 30 calendar days in which respondent is not engaging in any
17 activities defined in sections 2051 and 2052 of the Business and Professions Code.

18 All time spent in an intensive training program which has been approved by the
19 Division or its designee shall be considered time spent in the practice of medicine. For purposes
20 of this condition, non-practice due to a Board-ordered suspension or in compliance with any
21 other condition of probation, shall not be considered a period of non-practice.

22 Respondent's license shall be automatically canceled if respondent resides in
23 California and for a total of two years, fails to engage in California in any of the activities
24 described in Business and Professions Code sections 2051 and 2052.

25 13. COMPLETION OF PROBATION Respondent shall comply with all
26 financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar
27 days prior to the completion of probation. Upon successful completion of probation,
28 respondent's certificate shall be fully restored.

1 14. VIOLATION OF PROBATION Failure to fully comply with any term or
2 condition of probation is a violation of probation. If respondent violates probation in any respect,
3 the Division, after giving respondent notice and the opportunity to be heard, may revoke
4 probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to
5 Revoke Probation, or an Interim Suspension Order is filed against respondent during probation,
6 the Division shall have continuing jurisdiction until the matter is final, and the period of
7 probation shall be extended until the matter is final.

8 15. COST RECOVERY Within 90 calendar days from the effective date of
9 the Decision or other period agreed to by the Division or its designee, respondent shall reimburse
10 the Division the amount of \$2,000.00 for its investigative and prosecution costs. The filing of
11 bankruptcy or period of non-practice by respondent shall not relieve the respondent of his
12 obligation to reimburse the Division for its costs.

13 16. LICENSE SURRENDER Following the effective date of this Decision, if
14 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
15 the terms and conditions of probation, respondent may request the voluntary surrender of
16 respondent's license. The Division reserves the right to evaluate respondent's request and to
17 exercise its discretion whether or not to grant the request, or to take any other action deemed
18 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
19 respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the
20 Division or its designee and respondent shall no longer practice medicine. Respondent will no
21 longer be subject to the terms and conditions of probation and the surrender of respondent's
22 license shall be deemed disciplinary action. If respondent re-applies for a medical license, the
23 application shall be treated as a petition for reinstatement of a revoked certificate.

24 17. PROBATION MONITORING COSTS Respondent shall pay the costs
25 associated with probation monitoring each and every year of probation, as designated by the
26 Division, but may be adjusted on an annual basis. Such costs shall be payable to the Medical

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1 Board of California and delivered to the Division or its designee no later than January 31 of each
 2 calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of
 3 probation.


4 ACCEPTANCE

5 I have carefully read the above Stipulated Settlement and Disciplinary Order and
 6 have fully discussed it with my attorney, Scott R. Shewan. I understand the stipulation and the
 7 effect it will have on my Physician and Surgeon's Certificate. I enter into this Stipulated
 8 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
 9 bound by the Decision and Order of the Division of Medical Quality, Medical Board of
 10 California.

11 DATED: 10/26/04

12 
 13 BALDEV DAVID SINGH, M.D.
 Respondent

14 DATED: 10/26/04


15 
 16 SCOTT R. SHEWAN
 Attorney for Respondent

17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
 19 submitted for consideration by the Division of Medical Quality, Medical Board of California of
 20 the Department of Consumer Affairs.

21 DATED: 11/12/04

22 BILL LOCKYER, Attorney General
 of the State of California

23 
 24 STEPHEN M. BOREMAN
 Deputy Attorney General

25 Attorneys for Complainant

Exhibit A
Accusation No. 08-2002-133010

BILL LOCKYER, Attorney General
of the State of California
STEPHEN M. BOREMAN, State Bar No. 161498
Deputy Attorney General
California Department of Justice
1300 I Street, Suite 125
P.O. Box 944255
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Attorneys for Complainant

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 08-2002-133010

BALDEV DAVID SINGH, M.D.
5771 North Fresno Street, #101
Fresno, CA 93710

FIRST AMENDED ACCUSATION

Physician and Surgeon's Certificate No. C 40540

Respondent.

Complainant alleges:

PARTIES

1. Ron Joseph (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about July 2, 1982, the Medical Board of California issued Physician and Surgeon's Certificate Number C 40540 to Baldev David Singh, M.D. (Respondent). The Physician and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2005, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Division of Medical Quality (Division) for the Medical Board of California, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

5. Section 125.3 of the Code provides, in pertinent part, that the Division may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

6. Section 14124.12 of the Welfare and Institutions Code states, in pertinent part:

"(a) Upon receipt of written notice from the Medical Board of California, the Osteopathic Medical Board of California, or the Board of Dental Examiners of California, that a licensee's license has been placed on probation as a result of a disciplinary action, the department may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that gave rise to the probation, including any dental surgery or invasive procedure, that was performed by the licensee on or after the effective date of probation and until the termination of all probationary terms and conditions or until the probationary period has ended, whichever occurs first. This section shall apply except in any case in which the relevant licensing board determines that compelling circumstances warrant the continued reimbursement during the probationary period of any Medi-Cal claim, including any claim for dental services, as so described. In such a case, the department shall continue to reimburse the licensee for all procedures, except for those invasive or surgical procedures for which the licensee was placed on probation."

1 7. Section 2234 of the Code states in relevant part:

2 "The Division of Medical Quality shall take action against any licensee who is
3 charged with unprofessional conduct. In addition to other provisions of this article,
4 unprofessional conduct includes, but is not limited to, the following:

5 "(a) Violating or attempting to violate, directly or indirectly, assisting in or
6 abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5,
7 the Medical Practice Act].

8 "(b) Gross negligence.

9 "(c) Repeated negligent acts. To be repeated, there must be two or more
10 negligent acts or omissions. An initial negligent act or omission followed by a separate
11 and distinct departure from the applicable standard of care shall constitute repeated
12 negligent acts.

13 "(1) An initial negligent diagnosis followed by an act or omission
14 medically appropriate for that negligent diagnosis of the patient shall
15 constitute a single negligent act.

16 "(2) When the standard of care requires a change in the diagnosis, act, or
17 omission that constitutes the negligent act described in paragraph (1),
18 including, but not limited to, a reevaluation of the diagnosis or a change in
19 treatment, and the licensee's conduct departs from the applicable standard
20 of care, each departure constitutes a separate and distinct breach of the
21 standard of care.

22 "(e) The commission of any act involving dishonesty or corruption which is
23 substantially related to the qualifications, functions, or duties of a physician and surgeon.

24 8. Section 2242 of the Code states in relevant part:

25 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
26 4022 without a good faith prior examination and medical indication therefor, constitutes
27 unprofessional conduct . . ."

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1 9. Section 2266 of the Code states: "The failure of a physician and surgeon to
2 maintain adequate and accurate records relating to the provision of services to their patients
3 constitutes unprofessional conduct."

4 FIRST CAUSE FOR DISCIPLINE

5 (Gross Negligence)

6 [Bus. & Prof. Code Section 2234 (b)]

7 10. Respondent is subject to disciplinary action under section 2234 (b) of the
8 Code in that he was grossly negligent in his treatment and care of patient Jennifer B.¹ The
9 circumstances are as follows:

10 A. On or about October 16, 2001, Jennifer B. presented to Respondent
11 on referral from her primary care physician, Natalya Malley, M.D., with
12 complaints of chronic chest pain, following a thoracotomy for recurrent
13 pneumothorax incident to an automobile accident injury in 2000. At the time she
14 presented to Respondent, Jennifer B. had developed radicular pain at the T-4 to T-
15 5 level, with intensity rated at 7.5 on a scale of 10. The patient had also
16 experienced other, prior injuries in previous motor vehicle accidents. Prior to
17 referral to Respondent, the patient was treated by a neurologist. She had a history
18 of anxiety, depression, and sleep disturbances secondary to pain. Without first
19 taking and recording the patient's history and conducting a physical exam,
20 Respondent proposed a lumbar and thoracic epidural steroid injection to relieve
21 the patient's pain. The patient informed Respondent that she was on Coumadin
22 (warfarin) due to a history of deep vein thrombosis. Respondent ordered the
23 patient to stop taking this medication eight days prior to the proposed epidural
24 injection. Respondent did not order any lab test, however, to ensure that the
25 patient's ability to clot had fully returned to normal prior to the injection
26 procedure.

27
28 1. The patient's name is abbreviated here to protect patient confidentiality. The patient's
full name and medical records will be provided in Discovery.

1 B. On or about October 24, 2001, Jennifer B. was admitted to Clovis
2 Community Hospital for the contemplated epidural steroid injection procedure.
3 Respondent performed the procedure in the Radiology Department at or about
4 1450 hours to 1610. The patient required a large amount of sedatives and
5 analgesics for the procedure. She was injected with Depomedrol 80 mg., Kenalog
6 40 mg., and Marcaine .125%. Almost immediately following the procedure,
7 Jennifer B. complained of an inability to move her legs and a loss of sensation in
8 her legs. She was also urinary incontinent. Respondent visited the patient at or
9 about 1935 hours, having telephoned earlier at or about 1810 to check her status.
10 Respondent ordered the patient held overnight for observation. He attempted
11 unsuccessfully to start an intravenous (i.v.) access, so the patient remained
12 without i.v. fluid infusion for several hours. The next day, the patient's analgesic
13 condition remained unchanged. Respondent performed a neurologic exam and
14 consulted Dr. Sisson, a neurologist. Respondent ordered a CT scan. The results
15 showed a faint high density material posterior to the L3 vertical body that was
16 causing an indent of the anterior aspect of the Thecal sac. Dr. Sisson suggested
17 getting an MRI (magnetic resonance image) and immediate evaluation by a
18 neurosurgeon. Both the CT scan and MRI indicated an epidural hematoma as the
19 likely cause of the patient's condition.

20 C. On or about October 26, 2001, Jennifer underwent emergency
21 surgery, with the procedure lasting approximately one and one-half hours. The
22 neurosurgeon, Dr. Nowak, performed a bilateral laminectomy and evacuation of
23 the hematoma at the L3-L4 level, approximately 32 to 34 hours after the onset of
24 the patient's neurological compromise. Dr. Nowak found a clot encasing the
25 patient's dura. Jennifer B. thereafter recovered, and on November 6, 2001, she
26 was discharged, still experiencing some degree of weakness in the lower
27 extremities.

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1 11. Respondent's failure to adequately and timely assess patient Jennifer B.'s
2 hemiparesis and lack of sensation in her lower extremities some two hours following an epidural
3 steroid injection procedure, when he discovered her symptoms at or about 1935 hours on or
4 about October 24, 2001, constituted gross negligence.

5 SECOND CAUSE FOR DISCIPLINE
6 (Failure to Maintain Adequate Records)
7 [Bus. & Prof. Code Section 2266]

8 12. Complainant realleges paragraph 8, above, and incorporates it by reference
9 herein as if fully set forth at this point.

10 13. Respondent is subject to discipline under section 2266 of the Code in that
11 he failed to make and maintain adequate and accurate records pertaining to patient Jennifer B.,
12 including her medical history and results of a physical examination prior to performing an
13 epidural steroid injection procedure on her, and failure to document the patient's informed
14 consent to the procedure.

15 THIRD CAUSE FOR DISCIPLINE
16 (Gross Negligence)
17 [Bus. & Prof. Code Section 2234 (b)]

18 14. Respondent is subject to disciplinary action under section 2234 (b) of the
19 Code in that his treatment and care of patient Z.G². was grossly negligent. The circumstances are
20 as follows.

21 15. Z.G. was a 39 year old male patient referred to Respondent in or about
22 January of 1997 for treatment of pain which originated with an automobile accident. Z.G. had a
23 past history of fibromyalgia, "immune compromise syndrome" and hypertension. The patient
24 denied smoking, alcohol use or drug use. Z.G. was at that time seeing five separate physicians for
25 narcotic drugs, primarily Oxycontin, a highly addictive opiate derivative prescribed for pain with
26 a street value of \$7,200 for 180 tablets of 40 mg OxyContin. Between December of 1998 and
27 August of 2001, Respondent provided Z.G. with the following prescriptions:

28 2. The patient's name is abbreviated here to protect patient confidentiality. The patient's
full name and medical records will be provided in Discovery.

1 62 tablets of OxyContin 40 mg on: 12/02/98

2 60 tablets of OxyContin 40 mg on: 3/02/99, 3/29/99 and 4/30/99

3 60 tablets of OxyContin 80 mg on: 7/02/99, 8/02/99, 8/30/99, 9/23/99, 10/19/99,
4 11/15/99, 12/20/99, 2/16/00, 3/18/00, 4/07/00, 5/05/00, 5/31/00 and 6/27/00

5 90 tablets of OxyContin 80 mg on: 7/21/00, 8/17/00, 9/15/00, 11/10/00, 12/11/00,
6 12/21/00, 1/19/01, 2/21/01, 3/27/01, 4/23/01, 5/23/01, 6/22/01, 7/28/01, 8/17/01,
7 10/16/01 and 11/20/01

7 180 tablets of OxyContin 40 mg on: 12/17/01, 1/18/02, 3/18/02, and 4/22/02

8 Respondent also provided patient Z.G. with prescriptions for Duragesic patches in fifteen patch
9 increments from in or about March of 1999 through August of 2001. In providing said
10 prescriptions, Respondent's sole diagnosis for which he prescribed the highly addictive opiate
11 OxyContin was "cluster headaches" and migraine headaches. At the time he provided the above
12 referenced prescriptions to patient Z.G., Respondent recorded only rudimentary notes of a
13 physical examination, consisting of thirty words and symbols on a one page form, prescribing
14 "OxyContin 20 mg every 12 hours plus sphenopalatine ganglion blocks". In a later office visit
15 on December 2, 1998, Respondent noted that the patient had lower back pain and left sciatica.
16 From 1998 through 2002 Respondent provided Z.G. with OxyContin prescriptions, but failed to
17 record patient progress, treatment results, or other evaluation of the patient's status, or follow-up.
18 For the above referenced prescriptions Respondent also failed to record any clinical notes.
19 Respondent did, however, bill the patient's insurance carrier for clinical visits through use of a
20 "superbill" indicating that an office visit took place on the above referenced dates when the
21 patient received prescriptions. The last time Respondent actually saw patient Z.G. was in
22 October of 2000. In 2002, Respondent provided Z.G. with six separate prescriptions for 180
23 tablets of Oxycontin, 40 mg (on 1/22/02, 3/20/02, 4/22/02, 7/20/02 and 8/22/02), all without
24 having seen the patient in over one year. On all occasions subsequent to October of 2000, when
25 Z.G. received prescriptions from Respondent, Z.G. saw only Respondent's office staff.

26 16. Respondent's failure to properly diagnose and record an appropriate
27 medical indication for his prescriptions for OxyContin to patient Z.G. prior to issuing the
28 ///

1 prescriptions as referenced above, and his failure to provide proper subsequent treatment and
2 follow-up relative to the patient's symptoms and/or addiction, constitutes gross negligence.

3 FOURTH CAUSE FOR DISCIPLINE
4 (Failure to Maintain Adequate Records)
[Bus. & Prof. Code Section 2266]

5 17. Complainant realleges paragraph 13, above, and incorporates it by
6 reference herein as if fully set forth at this point.

7 18. Respondent is subject to disciplinary action under section 2266 of the
8 Code in that he failed to keep and maintain adequate and accurate records relative to his patient
9 Z.G. and his prescribing of OxyContin for this patient.

10 FIFTH CAUSE FOR DISCIPLINE
11 (Prescribing Without Prior Examination and Medical Indication Therefor)
[Bus. & Prof. Code Section 2242]

12 19. Complainant realleges paragraph 13, above, and incorporates it by
13 reference herein as if fully set forth at this point.

14 20. Respondent is subject to disciplinary action under section 2242 of the
15 Code in that he prescribed OxyContin, a highly addictive controlled substance, to patient Z.G.
16 without recording an appropriate medical indication therefor, and thereafter, continued to
17 prescribe OxyContin for this patient without further examination or follow-up for a period in
18 excess of one year.

19 SIXTH CAUSE FOR DISCIPLINE
20 (Dishonest or Corrupt Act)
[Bus. & Prof. Code Section 2234 (e)]

21 21. Complainant realleges paragraph 13, above, and incorporates it by
22 reference herein as if fully set forth at this point.

23 22. Respondent is subject to disciplinary action under section 2234 (e) of the
24 Code in that he billed the patient's insurance carrier for office visits when Respondent did not
25 actually see the patient, thereby committing a dishonest or corrupt act substantially related to the
26 functions, duties or qualifications of a physician and surgeon.

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1 SEVENTH CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 {Bus. & Prof. Code Section 2234 (c)}

4 23. Complainant realleges paragraphs 8 and 13, above, and incorporates them
5 by reference herein as if fully set forth at this point.

6 24. Respondent is subject to disciplinary action under section 2234 (c) of the
7 Code in that his treatment and care of patients Jennifer B. and Z.G. constitutes repeated negligent
8 acts.

9 DISCIPLINE CONSIDERATIONS

10 25. To determine the degree of discipline, if any, to be imposed on
11 Respondent, Complainant alleges that on or about September 29, 1994, in a prior disciplinary
12 action entitled In the Matter of the Accusation Against Baldev David Singh, M.D. before the
13 Medical Board of California, in Case Number 16-1993-27864. Respondent's license was
14 revoked, with revocation stayed and five years probation imposed for unprofessional conduct in
15 violation of Code section 2305 (Discipline Imposed by Another State). That decision is now
16 final and is incorporated by reference as if fully set forth.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division of Medical Quality issue a decision:

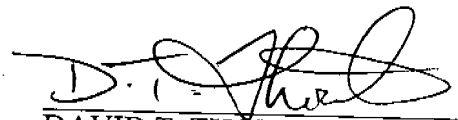
1. Revoking or suspending Physician and Surgeon's Certificate Number C 40540, issued to Baldev David Singh, M.D.;

2. Revoking, suspending or denying approval of Baldev David Singh, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering Baldev David Singh, M.D. to pay the Division of Medical Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;

4. Taking such other and further action as deemed necessary and proper.

DATED: May 5, 2004



DAVID T. THORNTON
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California, Complainant

First.Amended.Accusation.wpd
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